

# CHAPTER 8

## **Case Management Services**

The objectives of Case Management are to counsel, support and assist participants/families with all activities related to the Pervasive Developmental Disorder (PDD) Program. Case Managers must provide ongoing problem solving to address participant/family needs. They must coordinate community-based support, provide referrals to other agencies and participate in interagency case staff meetings as needed. These activities must be fully documented in the participant's waiver record. Case Managers are responsible for the collection and reporting of participant-specific data including but not limited to intake and referral services provided by EIBI providers, waiver eligibility determination, care planning, service authorizations and terminations, and fiscal accountability.

### **Conditions of Participation**

Case Managers:

1. Must hold at least a Bachelor's degree in Social Work or a related field from an accredited college or university or must hold at least a Bachelor's degree in an unrelated field from an accredited college or university and have at least one year of experience in programs with disabilities or have at least one year of experience in a Case Management program and demonstrate knowledge of disabilities. An official college transcript must be present in the Case Manager's personnel record to verify educational level.
2. Must be independent of the EIBI service delivery system and not a provider of EIBI services.
3. Must not be employed by, consulting to, or contracted with, any company providing EIBI waiver services.
4. Must not have a felony conviction of any kind.
5. Must have a current, valid driver's license.
6. Must have a PPD Tuberculin skin test no more than ninety (90) days prior to employment, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected employees having direct client contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

## **Description of Services Provided**

1. The Case Management unit of service will be one calendar month, or any portion thereof, commencing on the date that the participant is entered into the waiver. This unit will include all necessary Case Management activities performed during that month.
2. Case Managers shall be available during normal business hours. If, for any reason, caseload coverage will not be available during these times, Case Managers must make arrangements to

handle the needed Case Management activities. All arrangements must be approved by Case Manager Supervisors.

3. Case Management includes the following:

- a. **Monthly:** Case Managers will provide at least one (1) monthly contact with the child's EIBI Provider and/or family to determine progress/lack of progress on established goals and/or participant satisfaction with EIBI Providers. This must be fully documented in the participant's waiver record. The Case Manager may document this using the Monitoring and Review form or they may document it in the service notes as long as the same content is considered.
- b. **Quarterly:** On a quarterly basis, the Case Manager must review of the entire Support Plan and the most recent EIBI Provider Quarterly Progress Plan. If progress toward established goals does not meet expectations, then consultation with the SCDDSN Autism Division will occur. This quarterly contact must be fully documented in the participant's record. The Case Manager must use the Monitoring and Review form for all quarterly reviews.
- c. **Annually:** On an annual basis, Case Managers must have a face-to-face contact with the family. The EIBI Provider may be included in the staffing visit if requested by the family. These visits must be fully documented in the participant's waiver record.
- d. Case Managers are responsible for developing the Support Plan, ongoing monitoring of the Support Plan, fully documenting the service monitoring in the participant's waiver record, ongoing evaluation and updating of the Support Plan to ensure it's appropriateness, and preparation of all service authorizations and terminations in a timely manner. The Support Plan must list all EIBI services, their amount, frequency, duration and provider type, and other services the participant receives to assist in meeting his/her needs. The waiver plan of services is subject to the approval of the Medicaid Agency.

**Note: For guidance on wording for the Support Plan, refer to the section PDD Program Sample Needs located in chapter 13.**

- e. The PDD waiver Plan of Service must be developed, reviewed and approved every 364 days, or more often, if needed. The Case Manager is responsible for ensuring this occurs in a timely manner.
- f. Case Managers are responsible for preparing and submitting all documents needed for timely determination of the ICF/ID Level of Care (LOC) by the Consumer Assessment Team. A request for Annual LOC determination must be sent to the Consumer Assessment Team by the child's Case Manager at least two months prior to expiration of the current certification.
- g. All Case Management activities must be documented in the participant's waiver record. Documentation must include the following: name and title of contact person, type of contact, location of contact, purpose of contact, intervention or services provided, the outcome, needed follow-up, and the date and signature of the Case Manager.

- h. “Backdating” documentation is prohibited. If handwritten, all entries must be documented using blue or black ink. If word processing is used, when documents are printed for the waiver case record, all entries must be initialed and dated in ink by the Case Manager who performed the activity.
- i. Case file documentation must:
  - 1. Include the date on which the child’s referral was first received and the dates of all actions taken there after. Documentation must reference the child’s parent(s) and/or legal guardian. It must include the child’s Medicaid identification number (if applicable) and social security number.
  - 2. Reflect that the child’s parent(s) and/or legal guardian is fully informed of his/her rights and responsibilities and that he/she is given a choice from all qualified providers in the state.
  - 3. Utilize the required forms, completed properly, and they must include the required signatures.
  - 4. Reflect that each child’s parent(s) and/or legal guardian has been fully informed about how to file a complaint using the Reconsideration/Appeals Process. All complaints must be handled in a professional manner and all actions related to the complaint must be fully documented in the PDD waiver case record. Case Managers must provide information on the Medicaid Reconsideration/Appeals Process at least yearly, and at any relevant action such as a reduction, termination, suspension or denial of waiver services.
- 4. Case Managers are required to attend annually at least one in-service/training related to autism and the provision of Case Management for individuals enrolled in the PDD waiver. The in-service/training must be facilitated by the Autism Division. Documentation of participation must be maintained.

## **Data Management for the Case Manager**

The EIBI Consultant will be required to submit to the child’s Case Manager and, when specified, the Autism Division, the following information within the time frames indicated. Failure to submit completed information/reports by the required time frames may result in the responsible Consultant being sanctioned.

- **EIBI Monthly Progress Report (PDD Form 54) and EIBI Therapy Documentation Sheet (PDD Form 48):** Must be completed using the provided forms and submitted to the child’s Case Manager and the Autism Division PDD Coordinator monthly. EIBI Monthly Progress reports submitted without EIBI Therapy Documentation Sheets will be considered incomplete. The Case Manager and PDD Coordinator must receive the previous month’s Monthly Progress Report and Therapy Documentation Sheets no later than the 15<sup>th</sup> day of the following month (e.g. March reports must be received no later than April 15<sup>th</sup>).

**Note: The due date for the Monthly Report/Therapy Documentation Sheet is based on the Assessment Authorization Effective Date for the child (e.g. if the Assessment Authorization Effective Date is February 20, the first Monthly Report would be due on March 15).**

- **EIBI Quarterly Treatment/Progress Plan Report:** Must be submitted to the child's Case Manager quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern. The Case Manager must receive the previous quarter's reports no later than the 15<sup>th</sup> day of the month that immediately follows the quarter (e.g. the quarterly report for April, May and June must be received no later than July 15<sup>th</sup>).
- **Assessment of Basic Language and Learning Skills -Revised (ABLLS-R):** Must be submitted to the child's Case Manager and the Autism Division PDD Coordinator semi-annually per the initial assessment date. The Case Manager and the Autism Division must receive the completed ABLLS-R no later than 15 days after the end of the semi-annual period (e.g. the annual period runs from April 1, 2007 – April 1, 2008; the September 30, 2007 semi-annual ABLLS-R must be received no later than October 15, 2007).

**Note: If the VBMAPP is used, it must be submitted within the same parameters.**

- **Peabody Picture Vocabulary Test (PPVT-IV), the Expressive Vocabulary Test (EVT-II) and Vineland Adaptive Behavioral Skills-II:** Must be submitted to the Case Manager and the Autism Division PDD Coordinator annually per the initial assessment date. The Case Manager and the Autism Division must receive the completed PPVT-IV, EVT-II and Vineland -I within 30 days of the Assessment Authorization Effective date.

## **Transition Planning**

Six months before the child completes their participation in the PDD Program, the Case Manager will assist the parents/legal guardians with developing a transition plan by offering them choices of other appropriate services and supports that might benefit the child. This process must be documented in the child's service record.